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27910 7590 12/15/2003

STINSON MORRISON HECKER LLP
ATTN: PATENT GROUP
1201 WALNUT STREET, SUITE 2800
KANSAS CITY, MO 64106-2150

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Lora Gurley (Depositor's name)
Lora Gurley (Signature)
February 24, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/723,064	11/27/2000	Richard Mihalik	PHSC.70080	4761

TITLE OF INVENTION: ANTIBIOTIC/ANALGESIC FORMULATION AND A METHOD OF MAKING THIS FORMULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$665 1,330.	\$0	\$665 1,330	03/15/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PESELEV, ELLI	1623	514-618000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Susan J. Wharton
2 Stinson Morrison Hecker LLP
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Phoenix Scientific, Inc.

St. Joseph, MO

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
☐ Publication Fee
☐ Advance Order - # of Copies

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Susan J. Wharton (Date) 2/24/04
Susan J. Wharton, Reg. No. 41,524
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



Serial No.: 09/723,064
Docket No.: PHSC.70080

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Richard Mihalik
Serial No. : 09/723,064
Filing Date : November 27, 2000
Title : AN ANTIBIOTIC/ANALGESIC FORMULATION
AND A METHOD OF MAKING THIS
FORMULATION
Date of Notice of : December 15, 2003
Allowance :
Group/Art Unit : 1623
Examiner : Elli Peselev
Confirmation No. : 4761
Atty. Docket No. : PHSC.70080 (506401-0019)

TRANSMITTAL LETTER

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Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith for filing is the Fee Transmittal and a check in the amount of \$1,330.00 to cover the issue fee for a large entity. As noted in a document filed with the United States Patent and Trademark Office on January 8, 2003, this entity no longer qualifies as a small entity; therefore, the large entity fees are being paid.

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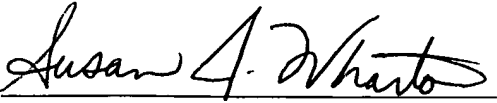
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Date: February 24, 2004
Signature: Lora Gurley
Printed Name: Lora Gurley

The Director is hereby authorized to charge any additional amount required, or credit any overpayment, to Deposit Account No. 19-4409.

Acknowledgment of receipt is respectfully requested.

Respectfully submitted,

By: 

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